

Bail Bond Agency/Bail Bond Agency Branch Office Application Instructions

1. Complete the application for bail bond agency or bail bond agency branch office.
2. Attach a \$10,000 surety bond, obtained from the bonding/insurance company of your choice, in favor of the state of Washington. **Please note the surety bond must be in effect and in full force at all times.**
3. In-state corporation/partnership: Attach a copy of the articles of incorporation, a list of officers and directors and their addresses, or the partnership agreement, including names and addresses. Each partner must make application and meet qualifications.

Out-of-state corporation/partnership: Attach the certificate of authority to conduct business in the state of Washington, a list of officers and directors and their addresses, and evidence of current registration with the Washington Secretary of State. Each partner must make application and meet qualifications.
4. Include the appropriate licensing fee made payable to the Washington State Treasurer.
5. Return the completed application, supporting documents, and licensing fee to:

**Department of Licensing
Business and Professions Division
Bail Bond Section
PO Box 9048
Olympia, WA 98507-9048**

If you have questions, please call us at (360) 664-6624.



BAIL BOND SECTION
P.O. BOX 9048
OLYMPIA, WA 98507-9048
(360) 664-6624
FAX (360) 570-7888
EMAIL: security@dol.wa.gov
WEBSITE: dol.wa.gov

Bail Bond Agency or Bail Bond Agency Branch Office License Application

FOR VALIDATION ONLY

001-000-299-0018 AGENCY 001-000-299-0019 BRANCH

Please check one:

- ☐ **Bail Bond Agency – Fee \$1,000**
☐ **Branch Office – Fee \$1,000**
☐ **Change of Qualified Agent – Fee \$200**

Make remittance payable to State Treasurer
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Please type or print clearly in dark ink

Company Information

Company Name		Telephone No. ()	FAX No. ()
Washington State Business Address (Number, Street, and Suite or Room No.)			
City	State WA	Zip Code	
Business Mailing Address (If Different)			
City	State	Zip Code	
Type of Business (Check One) <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign corp.		No. of Partners (If Partnership)	UBI No.
If you have an insurance surety license, list the surety(s) name, address, the attorney-in-fact, and in whose name the build-up fund is			
Surety Name _____			
Address _____			
Attorney-In-Fact _____			
Build-up Fund Name _____			
If you are a property agency, provide the name of the court(s) that has given approval. _____			

Qualified Agent Information (Applicant)

Principal Name (Last, First, Middle Initial)		Maiden Name or Aliases	
Home Address (Number, Street, Apartment No.)			
City	State	Zip Code	County
Date of Birth	Gender (Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Sec. No. (Required per RCW 26.23.150)	Citizenship Status (Check One) <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien
Requirement under which you will be qualifying for licensure (Check One) <input type="checkbox"/> 3 years' experience as a manager, supervisor, or administrator in the bail bond business or a related field <input type="checkbox"/> Examination - see page 2			
Previous WA State Bail Bond Agency, Qualified Agent, or Bail Bond Agent License No. _____			

Applicant Personal Data



1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ Yes ☐ No
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ Yes ☐ No
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No

Please attach a letter of explanation for any Yes answers to the questions above, including charges(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

Experience – you must provide proof of your past employment

Please list your experience and attach documentation of your experience of at least 3 years experience as a manager, supervisor, or administrator in the bail bond business or related field.

Start with your most recent (or current) position, then work back.

Type of Experience (<i>Manager, Supervisor, Administrator</i>)	From (<i>Mo-Da-Yr</i>)	To (<i>Mo-Da-Yr</i>)
Company Name		
Company Address (<i>Number and Street, City, State, Zip</i>)		
Type of Experience (<i>Manager, Supervisor, Administrator</i>)	From (<i>Mo-Da-Yr</i>)	To (<i>Mo-Da-Yr</i>)
Company Name		
Company Address (<i>Number and Street, City, State, Zip</i>)		

Examination Scheduling

Exams are administered at the offices listed below. Please select the location you would like to be scheduled to take the exam. Mark your first choice with a "1" in the box and your second choice with a "2". Notification of the examination date and place will be mailed 2-3 weeks after receipt of the application.

<input type="checkbox"/>	Bellingham	3800 Byron Ave Ste 136	<input type="checkbox"/>	Puyallup	405 W Stewart St Ste A
<input type="checkbox"/>	Everett	5313 Evergreen Way	<input type="checkbox"/>	Seattle West	8830 25th Ave SW
<input type="checkbox"/>	Kirkland	10639 NE 68th	<input type="checkbox"/>	Spokane East	12801 E Sprague Ave
<input type="checkbox"/>	Olympia	405 Black Lake Blvd	<input type="checkbox"/>	Union Gap	2725 Rudkin Road
<input type="checkbox"/>	Poulsbo	19045 Stae Hwy 305 NE Ste 140	<input type="checkbox"/>	Vancouver	1301 NE 136th Ave

Applicant Affidavit

I, _____, being first duly sworn, depose and say that I
(PRINT NAME)
am the qualified agent and authorized to sign for the sole proprietorship, partnership or corporation as indicated in this application. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085 I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of the license to practice as a bail bond agency, bail bond agency branch office, or qualified bail bond agent in the state of Washington.

Signature of qualified agent _____ Date _____

City _____ State _____

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

**Bail Bond Agency/Branch Office
Surety Bond**

Bond No. _____ Effective date of bond _____

KNOW ALL PERSONS BY THESE PRESENTS: That _____

Check one: ☐ **Sole Proprietor** ☐ **Partnership** ☐ **Corporation**

doing business as _____, as

Principal at the following address: _____,

and _____,

a corporation organized and existing under the laws of the State of _____, and authorized to transact surety business in the State of Washington, as Surety, are held and firmly bound unto the STATE OF WASHINGTON in the sum of Ten Thousand (\$10,000) Dollars lawful money of the United States of America to be paid to the said State of Washington for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT: Whereas, the said principal has made application for a Bail Bond Agency License by the Business and Professions Division of the State of Washington for carrying on the business of a Bail Bond Agency within the State of Washington; and is required by Chapter 18.185 RCW, to furnish a bond in the sum of Ten Thousand (\$10,000.00) Dollars with good and sufficient surety, conditioned as required by said law.

NOW, THEREFORE, If the said principal will comply with all the provisions of Chapter 18.185 RCW, of the State of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of Chapter 18.185 RCW, and will pay all amounts that may be adjudged against Principal by reason of violation of Chapter 18.185 RCW or any rules or regulations adopted pursuant thereto in the conduct of Principal's business as a Bail Bond Agency, then the above obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED: That any person having a claim against Principal for damage as a result of any violation by Principal, or his/her agent of Chapter 18.185 RCW, or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the Superior Court of the County in which Principal's business is located, or of any county in which jurisdiction of the Principal may be had.

PROVIDED FURTHER: That the aggregate liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. PROVIDED FURTHER: That the Business and Professions Division shall be notified thirty (30) days prior to the cancellation of this bond, along with the reason for cancellation or termination of the bond. No bond filed shall be approved unless it expressly provides that it will be effective for two years following the effective date of its cancellation or termination, whether because of expiration, suspension, or revocation of the license, or otherwise, as to any covered act or acts and omission or omissions of the licensee occurring on, or prior to, the effective date of cancellation or termination.

IN WITNESS WHEREOF, the said Principal and the said Surety have affixed their hands and seals this _____

day of _____, _____.

SURETY

PRINCIPAL

Name _____

Business Name _____

Attorney-in-fact _____

By _____
SIGNATOR AUTHORIZED FOR CORPORATION, PARTNERSHIP, OR SOLE-PROPRIETOR

Insurance Agency Name _____

Insurance Agent _____

(Surety's Seal)

Agent Address _____

Agent Telephone No. _____